Reset Form	Print Form

#### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	R)	eport Filed B Mark X)	By Candid			Committee		$\times$	Lobbyist
Name of Filing Committee, Candidate Lobbyist	co	MMITTEE TO	ELECT JERRY VIL	LELLA					
Street Address	11	37 WEST 38 ST	TREET						
<b>City</b> ERIE			State	PA		Zip Code	16508		
Type of Report (Place x under report t	ype)		**	•					
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 I Pre-Primary Pre-Primary Prima		6th Tuesday e- Election	5- 2 <sup>nd</sup> Friday Pre- Election		Post	7- Annual	Special 2 <sup>n</sup> Pre-Electi		Special 30 Day Post-Election
		C Zicciion							
Date Of Election (IMM/DD/YYYY) 11/0	7/201 Ye	ear	2017	Amendme Report	ent		Terminati Report	on	
Summary of Receipts and From	Date	To Date	e		ļ	For	Office Use (	Only	
Expenditures	/07/2017	1	0/23/17	ł				•	
A. Amount Brought Forward From La	st Report	\$	0						<b></b>
B. Total Monetary Contributions and (From Schedule I)	Receipts	\$ 8	3,364.97	1				< 3.00 m	22
C. Total Funds Available (Sum of Lines A and B)		\$ 8,364.97					5		
D. Total Expenditures (From Schedule III)		\$ -	7,193.95	\				]   C    N	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,171.02	A62 o				ည္က	
F. Value of In-Kind Contributions Reco (From Schedule II)	eived	\$	0	PH 2: 29					古
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					9	29
			Affidavit S						
Part 1- If this is a Committee report, treasured swear (or affirm) that this report, including						ge and helief t	rue correct a	nd comple	te .
Sworn to and subscribed before me this	, 44	• •		1).0		A/I	when		
25th day of Catober 20	lans		-	Parid	ature o	of Person Subh	nitting report		
Signature			_	,		Printed Nam			
My commission expires 08 21	2021 YR.	•	_	814 81874862  Area Code Daytime Telephone Number					
Down II If this is a second of a fee district to	atharina d 6		lidata abaltara	horo					
Part II- If this is a report of a <b>Candidate's A</b> I swear (or affirm) that to the best of my knowned.					ted any	provisions of	the Act of Jun	ie 3, 1937 (	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						1.0	, /,		
254 day of October 20	17_	٠,	عن	Her	gld	1) V C	llell.		_
conne frate		.	-	Geral	0	ature of Canti	date /セ/	/Q	
Signature  Niv Commission expires 58 21	2021	. 1		814	•	Printed Name 3	97-5	899	
MO. DAY	YR.		_	Area Code	•	Day	time Telepho	ne Numbei	

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL

Joanne M. Drakes, Notary Public
City of Erie, Erie County
My Commission Expires Aug. 12, 2021
MEMBER, PENNSYLVANIAASSOCIATION OF NOTARIES

Commonwealth of Pennsylvania
County of <u>Exic</u>

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
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the state of the s	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1	\$ 1,460
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 
All Other Contributions (Part B)	\$ 1,260
Total for the reporting period (2)	\$ 1,260
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 2,878
Total for the reporting period (3)	\$ 2,878
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 2,766.97
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 8,364.97

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Parameter and the second secon		
Filer identification Number:		 ·
ALTO THE CONTRACT OF THE PROPERTY OF THE PROPE		
The state of the s	 	 

Full Name of Contributor			Date [MM/DD/YYYY]	\$	7
CARL CARLOT	TI		07/16/2017		250
House # Street Address		Date [MM/DD/YYYY]	\$	3 2	
810 s	STOCKBRIDGE DRIVE				
City ERIE	State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Contributor	han-co-y-self-tel	Those Section (section)	Date [MM/DD/YYYY]	\$	
THOMAS TAL	ARICO		08/08/2017		200
House # Street Address	····	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
510	CRANBERRY STREET				
<b>City</b> ERIE	State PA	Zip Code 16507	Date [MM/DD/YYYY]	Ş	
Full Name of Contributor	\$600 PERSON	[Western Best 200]	Date [MM/DD/YYYY]	\$	
DURYEA GETT	Œ		08/10/2017		110
House # Street Address		,,	Date [MM/DD/YYYY]	\$	
6235 L	AKE SHORE DRIVE				
City ERIE	State	Zip Code	Date [MM/DD/YYYY]	\$	
ENIE	PA	16505			
Full Name of Contributor  ALAN MELE	· · · <u>=</u>		Date [MM/DD/YYYY]	\$	
			08/19/17		100
House # Street Address	GREENGARDEN BLVD		Date [MM/DD/YYYY]	\$	
Comment of the Commen		lo tro progressoro			_
City ERIE	State PA	Žip Code 16508	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
RICHARD PETF	RARCO		08/24/2017		100
House # Street Address			Date [MM/DD/YYYY]	S	
	REGENT STREET				
<b>City</b> ERIE	State PA	<b>Zip Code</b> 16506	Date [MM/DD/YYYY]	\$	
Full:Name of Contributor	1:50:000:400:000		Date [MM/DD/YYYY]	\$	
RUSSELL S. WA	ARNER		09/15/17		100
House # Street Address			Date [MM/DD/YYYY]	\$	
1336 T	OWER LANE				
<b>City</b> ERIE	State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification N	umber:					
Full Name of Conti	ibutor			Date [MM/DD/YYYY]	\$	
	DANIEL TEMP	ESTINI		09/03/2017		200
House # 1560	Street Address	VEST 40 STREET		Date [MM/DD/YYYY]	\$	0.7
City		State	Zip Code	Date [MM/DD/YYYY]	\$.	
ERIE		PA	16509	A 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Full Name of Contr	ibutor I JOHN DUNN		- (4	Date [MIW/DD/YYYY]	\$	100
House #	Street Address			10/14/2017   Date [MM/DD/YYYY]	\$	100
2222	[其代表] 化基础 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	VEST GRANDVIEW B	BLVD			
City ERIE		<b>State</b> PA	Zip Code 16506	Date [MM/DD/YYYY]	\$	
Full Name of Contr		62 COS 84 STREET C	(Azerthold adjuditive) - sal	Date [MM/DD/YYYY]	\$	
	TIMOTHY MCI	NAIR —		08/17/2017		100
House #/ 821	Street Address S	TATE STREET		Date [MM/DD/YYYY]		
<b>City</b> ERIE	Paras - 20 / Japania nagawa - 1	State PA	<b>Zip Code</b> 16501	Date [MM/DD/YYYY]	\$	
Full Name of Contr	ibutor	Messer sera		Date [MM/DD/YYYY)	\$	-"
House#	Street Address			Date [MM/DD/YYYY]	\$	-
City		State	Zip Code		<b>.</b>	
Full Name of Contr	lbutor.			Date [MM/DD/YYYY]	S	
House#	Street Address					
illouse v	Sueet Address			Date [MM/DD/YYYY]	<b>\$</b>	
City		State	Zip Code	Dațe [MM/DD/YYYY]	\$	
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Codé	/Date [MM/DD/YYYY]	\$	

## PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification N	mber:				:		
Full Name of Contr	ibutor			Date [MM/DD/YYYY]			
	JAMES K MCN	IAMARA		07/18/17	1,000		
House:# 944	Street Address	VEST ARLINGTON			<b>5</b> 78		
City (%)		State	Zip Code	08/18/17 Date [MM/DD/YYYY]	<u> </u>		
ERIE	e de partir de la companya de la co	PA	16509				
Employer Name		ELF		Occupation ATTORNEY			
Employer Mailing / Principal Place of B							
Full Name of Contr	butor			Date [MM/DD/YYYY]	<b>3</b>		
	DAVID MCCA	LL		07/16/2017	500		
House # 12195	Street Address S	UMMERWOOD DRIV	E	Date [MM/DD/YYYY]			
City CONCORD TV		<b>State</b> OH	<b>Zip Code</b> 44077				
Employer Name	Season 19 control		Occupation				
Employer Mailing A Principal Place of B				The second secon			
Full Name of Contr	butor			Date [MM/DD/YYYY]	<b>3</b>		
	LAWRENCE A	DIUTORI		08/03/17	300		
House #	Street Address	ASSAFRAS STREET		Date [MM/DD/YYYY]			
<b>City</b> ERIE	[272.25.272.27.27.27.27.27.27.27.27.27.27.27.27	<b>State</b> PA	<b>Zip Code</b> 16502	Date [MM/DD/YYYY]			
Employer Name	S	ELF	12.0227.507.909	Occupation STORE OWNER			
Employer Mailing A Principal Place of B				12 martinos de la companio medi			
Full Name of Contri	butor			Date [MM/DD/YYYY]			
	DALE ROTH			08/15/2017	500		
House # 6028	Street Address S	WANVILLE ROAD AP	Т 303	Date [MM/DD/YYYY]			
<b>City</b> ERIE	[25] 建筑成。文字表的基层系表文	<b>State</b> PA	<b>Zip Code</b> 16506	Date [MM/DD/YYYY]			
Employer Name				Occupation	[ W		
Employer Mailing A Principal Place of B				F STATUTE STATE OF THE STATE OF			

#### PART D

Filer Identification Number:

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Full Name of Contributo	in 95			Date [MM/DD/YYYY]	\$*
	CARMELA VI	ILLELLA		08/22/17	500
	treet Address	PRESQUE ISLE BLVD		Date [MM/DD/YYYY]	\$
City ERIE	1	State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$
Employer Name		[1] (2) (3) (3) (4) (5) (5) (4)	[36] A. A. A. S. S. S. D.	Occupation	<u> </u>
Employer Mailing Addre	ess			Discount No. 23, 11 a	
Full Name of Contributo	<b>t</b>			Date [MM/DD/YYYY]	\$
House# S	treet Address			Date [MM/DD/YYYY]	\$
City	Maria de la Maria de La Caractería de La C	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		- F 2 ::	F-X	Occupation	<u></u>
Employer Mailing Addre Principal Place of Busine	ess				
Full Name of Contributo				Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY] 5	<b>\$</b>
Employer Name				Occupation (	
Employer Mailing Addre Principal Place of Busine	ess				
Full Name of Contributo				Date [MM/DD/YYYY] \$	\$
House# St	treet Address			Date [MM/DD/YYYY] \$	\$
City	White the state of	State	Zip Code	Date [MM/DD/YYYY] \$	\$
Employer Name			La Bragha Brahaman (La Carante La	Occupation	<u> </u>
Employer Mailing Addre				ACO-1, 17.00 (100 - 201)	

#### PART E

## **Other Receipts**

#### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	No. 19				
Full Name	31.75	GERALD VILLELLA			
House # 150	Stre	eet Address EAST 8TH ST	'RFET		
City		**************************************	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description		ERIE	PA	<b>Code</b> 16501	07/07/2017
	7 %	LOAN TO CAMPAIGN		<u> </u>	
Full Name	Similar C	GERALD VILLELLA			
House # 150	Stre	et Address EAST 8TH ST			
City		ERIE	State PA	Zip Code <sup>16501</sup>	Date [MM/DD/YYYY] \$ 10/23/2017 600
Receipt Description		LOAN TO CAMPAIGN	[273 <u>6496369</u> ]		<u> </u>
Full Name	n Nagara	GERALD VILLELLA		<u> </u>	
House# 150	Stre	et Address EAST 8TH ST	REET		
City		ERIE	State PA	<b>Zip</b> <b>Code</b> 16501	Date [MM/DD/YYYYY] \$ 07/07/2017 1,666.97
Receipt Description		LOAN TO CAMPAIGN (MIS	SC BILLS PAID BY CAN	DIDATE)	
Full Name					
House #	Stre	et Address	<del></del>		
City		Windowski (1995)	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					- National
Full Name	, (P) (1				
House#	Stre	et Address	**-		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				*************************************	[864]
Full Name					
House #.		et Address			
City	(1) (1) (1) (2)	and the second s	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				<u> </u>	[25]
Commence of the Commence of th	UZA, (C.\$48)				

# Statement of Expenditures

		-	
Filer Identification Number:	 		
Filer identification Number:			
The state of the s			
CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			
等的是以及10mm的。10mm,10mm,10mm,10mm。			
<ul> <li>It is a first the first be a self-and and the self-and a first self-and and the I</li> </ul>			
<ul> <li>1.888(2.8)。 計画的 5万元年(12.5) 心理性能不同 5.85 (1.884)、 5月(2.5) 的 176(2.5)</li> </ul>			
<ul><li>新型型等的製作的工作企業等。各种學術學科學科學學科學科學學科學科學科學科學科學科學科學科學科學科學科學科學科學</li></ul>			
Carteria and the second of the			

To Whom Paid		<del></del>					
10 Willom Palu	MANAJ STUDIO			Date [MM/DD/YYYY]	S	2,100	
Jane Carlo	63 V4 			06/28/17		7	
House # 1001	Street Address	STATE STREET		Description of Expend	iture		
City ERIE	Section (Section Section Secti	State PA	Zip Code	CAMPAIGN VIDEO			
To Whom Paid	A SIGN CHOO	Mary Mary 11 Sty	Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·		
	303 SIGN SHOP			07/05/2017		191.97	
House # 825	Street Address	WEST 38 STREET	Description of Expend	ture	I		
<b>City</b> ERIE		<b>State</b> PA	Zip Code <sup>16508</sup>	CAMPAIGN SIGNS			
To Whom Paid	303 SIGN SHOP			Date [MM/DD/YYYY]	\$		
Construction of the				08/04/2017	707 g	909.82	
House # 825	Street Address V	VEST 38 STREET	Description of Expendi	ture			
City ERIE		State PA	Zip Code 16508	YARD SIGNS			
To Whom Paid				Date [MM/DD/YYYY]	<b>.</b> 5		
	DESANTIS SIGNS AND	D GRAPHICS		08/14/2017		180.2	
House # 540	Street Address	VEST 18 STREET		Description of Expendi	ture,	Mariata da estada (h. 1916). Mariata da estada (h. 1916).	
City ERIE		State PA		WIRE FRAMES FOR YARD SIGNS			
To Whom Paid	303 SIGN SHOP			Date [MM/DD/YYYY]	\$	127.0	
1.500 PEACHELLING TO THE PARTY				08/23/2017		137.8	
House # 825	Street Address	VEST 38 STREET		Description of Expendi	ture.		
<b>City</b> ERIE		State PA	Zip Code 16508	4x8 SINGLE SIDED BANNERS			
To Whom Paid	VFW POST 470			Date [MM/DD/YYYY]	\$		
	11 W 1 0 3 1 4 7 0			08/18/2017		614.14	
House # 1808	Street Address	ST 26 STREET		Description of Expenditure			
City ERIE		State PA	Zip Code 16508	CAMPAIGN FUNDRAISER			
To Whom Paid	PRINTING CONCEPTS	,		Date [MM/DD/YYYY]	<b>/\$</b>	2 505 02	
			. = 11	10/18/2017	秦江东	2,605.02	
House# 4982	PACIFIC AVENUE			Description of Expendi	ure	reta en 22 de de Cerrocano	
City ERIE State PA Zip Code 16506				POST CARDS AND POSTAGE			
To Whom Paid COUNTY OF ERIE - VOTER REGISTRATION			Date [MM/DD/YYYY] 07/07/17	\$	50		
House # 106	Street Address V	VEST 6 STREET		Description of Expenditure			
ERIE State PA Zip Code 16501				PETITION FEE			

# SCHEDULE III Statement of Expenditures

	_	-		
Filer Identification Number:			 	
THE HACKING HOLLING THE HEALT				
[AN] [[1] 建二氢化物 [[1] [1] [[1] [[1] [[1] [[1] [[1] [[1]				
Charles and the second of the				
\$1,000 Per 1,000				

To Whom Paid					Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
ERIE COUNTY BAR ASSOCIATION						06/15/2017	35 31		
<b>House:#</b> 429	Street Address WEST 6TH STREET					Description of Expenditu	re		
<b>City</b> ERIE		<b>State</b> PA		Zip Code <sup>1</sup>	6507	BAR ASSOCIATION LIST SERVE			
To Whom Paid.  JAY VILLELLA						Date [MM/DD/YYYY] \$ 300			
House# Street Address						08/23/2017			
150	Street Address EAST 8TH STREET					Description of Expenditure			
<b>City</b> ERIE		<b>State</b> PA		Zip Code <sup>1</sup>	6508	WEBSITE			
To Whom Paid ST JOSEPH CHURCH BOC					\$1.00 to 10	<b>\$</b> * 40			
House # Street Address					09/15/2017	AAS PAS Tengelongs JACO (1995) Albanda (1996) S			
WEST 24 STREET				_	Description of Expenditure				
City ERIE State PA Zip Code 16502				6502	CAMPAIGN ADVERTISING				
TO Whom Pald NORTHWEST BANK				<u> </u>	56	<b>5</b> 30			
Uacina di						10/15/17	194 176		
House # 3407	Street Address LIBE	RTY STREET				Description of Expenditur	<b>e</b>		
City ERIE		State PA		Zip Code <sup>1</sup>	6508	BANK SERVICE CHARGES			
To Whom Paid	<del>- 12</del>					Date [MM/DD/YYYY]			
House #	Street Address					Description of Expenditur	e		
City		State		Zip Code			7 Table 1 Tabl		
To Whom Paid						Date [MM/DD/YYYY]	<b>S</b>		
House:#	Street Address					Description of Expenditur	e		
City		State		Zip Code		Total Transfer and the control of th			
To Whom Paid					<del></del> .	Date [MM/DD/YYYY]			
House#	Street Address					Description of Expenditur	e		
City		State		Zip Code			and the first the consistency of the constraints of		
To Whom Paid						Date [MM/DD/YYYY]			
House #	Street Address					Description of Expenditur	e		
City		State		Zip Code		The second secon	e termenment kriteriari atti on 1906 ilgigi oyyalgari (beri		